



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200001

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANG-SZ CORPORATION

DOING BUSINESS AS CHENG DU REST.

ADDRESS 249 NORTH MAIN ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: TANG, TI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN AND DINING ROOM ON FIRST FLOOR; STORAGE OF FOOD IN BASEMENT;
SERVICE BAR IN DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200002

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VETS. OF FOREIGN WARS POST #3264

DOING BUSINESS A VFW#3264

ADDRESS 88 CHILSON AVE

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: HOPKINS,
ROBERT

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH SIX ROOMS; KITCHEN; TWO STORAGE ROOMS; BAR & LOUNGE AREA
W/EMERGENCY EXIT, FOUR WINDOWS AND FOUR EXITS; 44'X 44' ADDITION W/SIX
WINDOWS AND TWO ENTRANCES/EXITS; SERVICE BY PORTABLE BAR ONLY IN THIS
ROOM.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200005

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON HOSPITALITY, SPVEF, LLC

DOING BUSINESS AS HOLIDAY INN MANSFIELD

ADDRESS 31 HAMPSHIRE ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: ANDERSON,
BRIAN E.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

200 GUEST ROOMS, FUNCTION ROOMS, ENCLOSED INTERIOR COURTYARD WITH RESTAURANT. 7 COCKTAIL LOUNGE FACILITIES. ALCOHOL ALSO AVAILABLE BY ROOM SERVICE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200006

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.G.P. & SONS, INC.

DOING BUSINESS AS JIMMY'S PUB & RESTAURANT

ADDRESS 141 NO. MAIN ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: PANTOS, GEORGE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS, BASEMENT STORAGE; TWO ENTRANCES/EXITS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200008

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

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YEAR

LICENSEE NAME: REGENT CAFE INC. OF MANSFIELD

DOING BUSINESS A

ADDRESS 394-96 NO. MAIN ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: PASCUCCI,
WILLIAM A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EQUIPPED WITH ONE FLOOR, TWO ROOMS, KITCHEN AND STORAGE ROOM IN REAR;
TWO ENTRANCES AND TWO SIDE EXITS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200009

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPIEZIO ENTERPRISES INC.

DOING BUSINESS AS GENO'S REST. & LOUNGE

ADDRESS 407-09 NO. MAIN ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: SPIEZIO, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EQUIPPED WITH TWO ROOMS AND KITCHEN ON ONE FLOOR;
FOR STORAGE; THREE ENTRANCES AND EXITS.

CELLAR USED

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200010

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAHANA,INC.

DOING BUSINESS AS TAHANA RESTAURANT

ADDRESS 60 OAKLAND ST.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: CHAN, PETER K. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

Y.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY MASONRY STRUCTURE WITH FULL LOWER LEVEL; LST FLOOR RESTAURANT & LOUNGE, FULL KITCHEN, MEN'S & LADIES' ROOMS; FURTHER DIVIDED INTO 4 POTENTIAL RENTAL UNITS; 2 EXITS ON LST LEVEL IN FRONT, REAR EXIT ON SIDE; 4 ENTRANCE DOORS ON LOWER LEVEL.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200012

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAMBERLAIN AVENUE ENTERPRISES, INC

DOING BUSINESS AS CATMAN CAFE

ADDRESS 16 OLD COLONY RD.

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: CERULLO,
STEPHEN J

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ROOMS FOR SERVICE OF LIQUOR. STORAGE ROOM IN REAR. WALK IN COOLER IN BASEMENT FOR STORAGE. ENTRANCE AND EXIT ON OLD COLONY WAY. ADDITIONAL EXITS TO REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200013

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND SPORTSERVICE, INC.

DOING BUSINESS AS TWEETER CENTER

ADDRESS 885 SOUTH MAIN STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: PICKETTE, ROBIN TYPE OF LICENSE: Restaurant
ANN

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWEETER CENTER FOR THE PERFORMING ARTS, 885 SOUTH MAIN STREET ' THE GOLDEN
COURTYARD.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200014

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLOWDALE GOLF COURSE INC.

DOING BUSINESS AS

ADDRESS 54 WILLOW STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: SIMONELLI,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CEMENT BUILDING WITH BRICK VENEER; ONE FLOOR, NO CELLAR; CONSISTING OF
MAIN ROOM, HEATER ROOM, MEN'S AND LADIES' ROOMS; ONE ENTRANCE, ONE EXIT.
BUILDING SIZE 30'X 60'.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200016

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: F & W INC

DOING BUSINESS AS DUBS DISCOUNT LIQ

ADDRESS 30 CHAUNCY STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: SARRO,ROBIN A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST STORE OF THREE STORE COMPLEX ONE ENTRANCE AND EXIT IN FRONT OF STORE;
APPROX 7500 SQFT.

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200017

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRISTOL MANAGEMENT,INC

DOING BUSINESS A BRISTOL LIQUORS

ADDRESS 670 EAST STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: DI MARZIO,
DAVID E.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. 1960 SQ. FT. REAR DOOR FOR REC. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200024

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST MANSFIELD, INCORPORATED

DOING BUSINESS AS RUM RUNNER WINE & SPIRITS

ADDRESS 377 CHAUNCY STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: DETROLIO,
JOSEPH M

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT A, ONE FLOOR, ONE ROOM AND STORAGE SPACE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200025

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 242 CHAUNCY STREET, INC.

DOING BUSINESS AS CLASSIC PIZZA

ADDRESS 242 CHAUNCY STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: TSAPANIDIS,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CENTER FRONT DOOR, REAR EXIT. COUNTER FROM SIDE TO SIDE WITH SEATING
CAPACITY FOR 62 PEOPLE. RESTROOMS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200026

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAIR WINDS & FOLLOWING SEAS, INC.

DOING BUSINESS AS TEDESCHI FOOD SHOPS

ADDRESS 242 CHAUNCEY ST

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: LANGTON, ROBERT F. JR.
TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3200 SQ FT CONVENIENCE STORE.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200028

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KANKU, INC.

DOING BUSINESS AS THE STORE

ADDRESS 213 SOUTH MAIN ST

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: PATEL,
MADHUBEN R.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM, STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200032

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANSFIELD LODGE OF ELKS NO. 2633

DOING BUSINESS AS

ADDRESS 140 NORTH MAIN STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: OWENS,
KENNETH P.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200037

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND SPORT SERVICE

DOING BUSINESS AS

ADDRESS 885 SOUTH MAIN STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: PECKETTE,
ROBIN ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWEETER CENTER FOR THE PERFORMING ARTS- RESTRICTED TO "THE GOLDEN COURTYARD"

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200038

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GT RETAIL INC.

DOING BUSINESS AS WINES & MORE

ADDRESS 280 SCHOOL STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: THOMPSON, GLEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
N

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

17,205 SQ. FT. ALL ALCOHOL PACKAGE STORE LOCATED AT MARSHFIELD CROSSING
SHOPPING CENTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200039

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRESH CATCH SEAFOOD

DOING BUSINESS AS

ADDRESS 30 CHAUNCY STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: SARRO, WILLIAM TYPE OF LICENSE: Restaurant
F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL AREA WITH AN ATTACHED SIT DOWN RESTAURANT THE MIDDLE OF A THREE
STORE PLAZA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200040

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFE ON THE COMMON, INC.

DOING BUSINESS AS

ADDRESS 012-14 SOUTH MAIN STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: BEATTY,DIANE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200043

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KENNETH M. DEFAZIO

DOING BUSINESS A TRATTORIA DELLA NONNA'S

ADDRESS 160 NORTH MAIN ST

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: DEFAZIO,
KENNETH M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60 SEAT RESTAURANT, 30 SEAT BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200047

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORK'S FINE WINE & LIQUORS, LLC

DOING BUSINESS AS CORK'S FINE WINE & LIQUORS

ADDRESS 390 WEST ST

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: FOLEY, MEGAN E. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6000 SQ FT OF RETAIL SPACE, FRONT ENTRANCE, REAR LOADING DOCK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200048

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOUMA, INC

DOING BUSINESS AS FAMILY FOOD MART

ADDRESS 660 EAST ST

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: TOUMA, RAAFAT TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200049

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TGI FRIDAY'S INC.

DOING BUSINESS A TGI FRIDAY'S

ADDRESS SCHOOL STREET & SR 140

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: FISHER,
ANTHONY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A FREESTANDING BLDG. OF APPROX. 5800 S/F ENTRANCE AND EXIT AT FRONT OF
BUILDING, ADDITIONAL EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200050

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RARE HOSPITALITY INTERNATIONAL, INC.

DOING BUSINESS AS LONGHORN STEAKHOUSE

ADDRESS ERIN'S CENTRE, ROUTE 140

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: CORBETT, PAUL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT, WITH DINING ROOM, LOUNGE AREA, BAR & KITCHEN,
HANDICAP RESTROOMS FOR MEN & WOMEN, EMERGENCY EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200054

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SETPOINT ATHLETICS

DOING BUSINESS AS COURTSIDE PUB

ADDRESS 31 OXFORD ROAD MANSFIELD SPORTS PLEX

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: COFFEY, BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60,000 SQ. FT. BUILDING CONSISTING OF A RESTAURANT, FUNCTION ROOM,

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200055

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARB ENTERPRISES INC.

DOING BUSINESS AS CASEY O'CONORS

ADDRESS 219-221 north main st

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: BURRNS, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx 3600 sq ft on one floor for an irish pub and restaurant

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200056

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP.

DOING BUSINESS AS BERTUCCI'S ITALIAN RESTAURANT

ADDRESS 280 SCHOOL STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: LOGIUDICE,
SHARON L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 6,400 SQ. FT. RESTAURANT IN FREE UNIT W/ ONE KITCHEN, ONE BAR, TWO DINING ROOMS OUTSIDE PATIO AND ONE MAIN ENTRANCE ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200057

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B-X MANSFIELD LLC

DOING BUSINESS AS THE VILLAGE AT WILLOW CROSSINGS

ADDRESS 25 COBB STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: BORNSTEIN,
MITCH

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON PREMISES RESTAURANT FOR RESIDENTS & GUESTS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200059

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIPOTLE MEXICAN GRILL OF COLORADO,LLC

DOING BUSINESS AS CHIPOTLE MEXICAN GRILL

ADDRESS 287 SCHOOL STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: CARR, EMILY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CASUAL DINING MEXICAN RESTAURANT SERVING BOTTLED BEER AND MARGARITAS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200060

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KYOTO ENTERPRISE, INC

DOING BUSINESS AS KYOTO JAPANESE STEAK HOUSES QI YANG, HONG

ADDRESS 242 CHAUNCEY ST, SUITE 2

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: YANG, HONG QI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A FIRST FLOOR PREMISES LOCATED AT 242 CHAUNCEY ST, CONTAINING 2,800 SQ. FT. WITH DINING ROOM, LOUNGE BAR, KITCHEN AND STORAGE. THE PREMISES HAS ONE ENTRANCE AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200061

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASIA GRILL & SUSHI, INC.

DOING BUSINESS AS ASIA GRILL & SUSHI RESTAURANT

ADDRESS 287 SCHOOL ST SUITE #2

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: LAU, BOBBY, Y.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALCOHOLIC BEVERAGES WILL BE SOLD, SERVED, DELIVERED, FURNISHED AND CONSUMED BY RESTAURANT CUSTOMERS ONLY IN THE DINING ROOM, COCKTAIL BAR, LOUNGE AND SUSHI BAR. STORAGE WILL BE AT THE COCKTAIL BAR. Additional 35 seats on outdoor patio

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200062

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEYMOHN LLC

DOING BUSINESS AS CIBO MATTO

ADDRESS 254 CHAUNCY STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: KUPLAST, PETER TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING 3300+1 SQ FT BUILDING WITH 25 PARKING SPACES, PATIO ADDITION TO SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200063

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAKE STEAKHOUSE, INC

DOING BUSINESS AS SAKE STEAKHOUSE

ADDRESS 280 SCHOOL STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: LI, MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4817 SQ. FT. LOCATED AT 280 SCHOOL ST WITH TWO DINING RMS, ONE KITCHEN, ONE LOUNGE BAR, ONE ENTRANCE AND THREE EXITS, INCLUDED AN OUTDOOR PATIO AREA SURROUNDING BY FENCE CONTAINING APPROX 600 SQ. FT. WITH SEATING FOR 30 PATRONS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200064

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANSFIELD DELI LLC

DOING BUSINESS AS MANSFIELD DELI

ADDRESS 72 PRATT STREET

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: REILLY, THOMAS E. TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOOD & DELI MARKET AND PACKAGE STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200065

CITY OR TOWN MANSFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZRC OPERATIONS CO. INC.

DOING BUSINESS AS QDOBA MEXICAN GRILL

ADDRESS 280 SCHOOL ST. #D 100

CITY/TOWN: MANSFIELD

STATE: MA

ZIP CODE: 02048

MANAGER: REED, JAY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH 66 SEATS INDOORS, PATIO ENCLOSED WITH SEPARATE ENTRANCE & REAR EGRESS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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